#### TEXAS FRANCHISE TAX PUBLIC INFORMATION PERPORT IN 110172100 05-102 (To be filed by Corporations and Limited Liability Companies (LLCS)) (Rev. 1-08/28) FORM This report MUST be filed to satisfy franchise tax requirements ■ Tcode 13196 Taxpayer number Report year You have certain rights under Chapter \$52 and 559, Government Code, to review, request, and correct information we have on file about you. 3 0 Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide. Taxpayer name WESTMONT HOSPITALITY GROUP, INC. Mailing address 5847 SAN FELIPE ST STE 4650 Secretary of State file number or Comptroller file number ZIP Code 77057 State **HOUSTON** 3277 0110172100 Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C. Entity's principal office Principal place of business Officer, director and member information is reported as of the date a Public Information Please sign below! Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year. SECTION A Name, title and mailing address of each officer, director or member. Title Director Term **MOEZ MANGALJI** SECRETARY YES expiration Mailing address 5847 SAN FELIPE SUITE 4650 77057 State HOUSTON Name Title Director d Term PRESIDENT A MAJID MANGALJI YES expiration City Mailing address State ZIP code 77057 **5847 SAN FELIPE SUITE 4650** HOUSTON TX Title Director m d Term DIRECTOR MOEZ MANGALJI YES expiration ZIP code 77057 Mailing address City HOUSTON State **5847 SAN FELIPE SUITE 4650** Name Title Director d Term YES expiration Mailing address City State ZIP code SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more. Name of owned (subsidiary) corporation or limited liability company IState of formation Texas SOS file number, if any Percentage of Ownership Name of owned (subsidiary) corporation or limited liability company State of formation Texas SOS file number, if any Percentage of Ownership SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company. Name of owned (parent) corporation or limited liability company State of formation Texas SOS file number, if any | Percentage of Ownership [Registered agent and registered office currently on file. (See instructions if you need to make changes) Blacken circle if you need forms to change the registered agent or registered office information. Agent: CAPITOL CORPORATE SERVICES, INC. State TX ZIP Code Office: 800 BRAZOS, SUITE 400 AUSTIN 78701 The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection. I declare that the information in this document and any attachments is true and correct to the best of my knowledge and helief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company. Date Area code and phone number sign 05/07/2012 here! (713 ) 782 - 9100 PL Sum, J.

Ex. 155

PLAINTIFF' **EXHIBIT** 

### Case 1:21-cv-04278-WMR Document 179-26 Filed 03/02/23 Page 2 of 28

## Congreller 05-102 in Public Addition (Rev. 1-0 (Rev. 1-08/28)

■ Tcode 13196

## TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations and Limited Liability Companies (LLCS)) This report MUST be filed to satisfy franchise tax requirements

■ Taxpayer number ■	Report year	You	have certain rights	under Chapter 552 o	and 559, Government Code,
3 0 1 1 3 2 6 4 4 6 6 6					e have on file about you. 81, toll free nationwide.
Taxpayer name WESTMONT HOSPITALITY GROUP, INC.					
Mailing address 5847 SAN FELIPE ST STE 4650					State file number or
City		ZIP Code	Plus 4	Comptroller	
HOUSTON		77057	3277	0110172100	)
Blacken circle if there are currently no changes or addition	ns to the informati	on displayed in Section	n A of this report. T	hen complete Secti	ons B and C.
Entity's principal office					
Principal place of business		720 N - 120VVE	9 4		
Please sign below!  Officer, director and member information report. There is no requirement or profficers, directors, or members change	n is updated annu rocedure for suppl	ally as part of the franc ementing the informa	hise tax	30	11326446608
<b>SECTION A</b> Name, title and mailing address of each officer,	director or mem	ber.			
Name	Title		Director	Term   I	m d d y y
MOEZ MANGALJI	VICE PRESI		O YES	expiration	
Mailing address 5847 SAN FELIPE SUITE 4650	City HOUSTON			State TX	ZIP code 77057
Name	Title		Director	m	m d d y y
A MAJID MANGALJI	DIRECTOR		YES	Term     expiration	
Mailing address 5847 SAN FELIPE SUITE 4650	City <b>HOUSTON</b>			State TX	ZIP code 177057
Name	Title		Director	m	m d d y y
A MAJID MANGALJI	DIRECTOR		● YES	Term     expiration	
Mailing address 5847 SAN FELIPE SUITE 4650	City HOUSTON			State TX	ZIP code <b>77057</b>
Name	Title		Director	m Torm	m d d y y
			O YES	Term expiration	
Mailing address	City		b	State	ZIP code
<b>SECTION B</b> Enter the information required for each corporten percent (10%) or more.	ation or LLC, if an	y, in which this repor	ting entity owns a	n interest of	
Name of owned (subsidiary) corporation or limited liability com	pany	State of formation	Texas SOS	file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability com	pany	State of formation	Texas SOS	file number, if any	Percentage of Ownership
<b>SECTION C</b> Enter the information required for each corporentity or limited liability company.		y, that owns an intere	est of ten percent	(10%) or more in th	nis reporting
Name of owned (parent) corporation or limited liability compan	у	State of formation	Texas SOS	file number, if any	Percentage of Ownership
Registered agent and registered office currently on file. (See inst Agent: CAPITOL CORPORATE SERVICES, INC.	tructions if you nee	d to make changes)	************************************	circle if you need fo stered agent or regi	orms to change stered office information.
Office: 800 BRAZOS, SUITE 400		City AUSTIN		State	ZIP Code <b>78701</b>
The above information is required by Section 171.203 of the Tax Code for for Sections A, B, and C, if necessary. The information will be available for		AS MANY \$150	that files a Texas Fran	Charles and the same of the sa	April 1 1 2 2 2 2
I declare that the information in this document and any attachments is to mailed to each person named in this report who is an officer, director or					
sign	Titl		Date	Area co	ode and phone number
here /		20 DOM 15	05/07/2012	{713	3 ) 782 - 9100
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# 05-102

(Rev. 1-08/28) ■ Tcode 13196

#### TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations and Limited Liability Companies (LLCS)) This report MUST be filed to satisfy franchise tax requirements

■ Taxpayer number	■ Report yea	You You	have certain rights	s under Chapter 552 and 55	9, Government Code,
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Taxpayer name WESTMONT HOSPITALITY GROU	IP, INC.				
Mailing address 5847 SAN FELIPE ST STE 4650				Secretary of State f Comptroller file nu	
City HOUSTON	State TX	ZIP Code 77057	Plus 4 <b>3277</b>	0110172100	
Blacken circle if there are cu	rrently no changes or additions to the in	formation displayed in Section	on A of this report. T	hen complete Sections B	and C.
Entity's principal office					
Principal place of business					
Please sign below! Report report.	, director and member information is rep is completed. The information is update There is no requirement or procedure fo s, directors, or members change through	ed annually as part of the fram or supplementing the inform	nchise tax	30113	26446608
SECTION A Name, title and ma	iling address of each officer, director o Title	or member.	Director	m m	d d y y
A MAJID MANGALJI	TREASU	RER	O YES	Term expiration	
Mailing address 5847 SAN FELIPE SUITE 4650	City <b>HOUSTO</b>	N			P code <b>7057</b>
Name	Title		Director	, m , m	d d y y
			O YES	Term expiration	
Mailing address	City		6.50	State ZII	P code
Name	Title		Director	m m	d d y y
			O YES	Term expiration	
Mailing address	City		14:	State ZII	P code
Name	Title		Director YES	Term	d d y y
Mailing address	City		0	expiration	P code
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	oration or limited liability company	State of formation		file number, if any Perce	10 January
Name of owned (subsidiary) corpo	oration or limited liability company	State of formation	Texas SOS	file number, if any Perce	ntage of Ownership
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entity or limited lia Name of owned (parent) corporati	24 MM 3 2 3 3 3 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5	State of formation	Texas SOS	file number, if any Perce	ntage of Ownership
Registered agent and registered o  Agent: CAPITOL CORPORATE S	ffice currently on file. (See instructions if	you need to make changes)		circle if you need forms to stered agent or registered	
Office: 800 BRAZOS, SUITE 400		City		State	ZIP Code 78701
	ection 171.203 of the Tax Code for each corpo e information will be available for public inspe	ration or limited liability compan	y that files a Texas Fran	the second secon	I control in
	ocument and any attachments is true and corresport who is an officer, director or member and				
sign		Title	Date 05/07/2012		nd phone number 82 - 9100
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#### Texas Franchise Tax Public Information Report

(Sec.9-11/30)

To

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise Taxpayer number Report year You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. 2 2 3 3 0 1 3 6 4 4 6 6 0 1 Contact us at (800) 252-1381or (512) 463-4600. Taxpayer name WESTMONT HOSPITALITY GROUP, INC. Mailing address Secretary of State (SOS) file number or 5847 SAN FELIPE ST STE 4650 omptroller file number City Plus 4 77057 HOUSTON TX 0110172100 Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C. Principal office Principal place of business Officer, director and manager information is reported as of the date a Public Information Please sign below! Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year. SECTION A Name, title and mailing address of each officer, director or manager. Title Director Term YES MOEZ MANGALJI DIRECTOR expiration ZIP Code Mailing address City State 5847 SAN FELIPE SUITE 4650 HOUSTON TX 77057 Director m m y Term A MAJID MANGALJI DIRECTOR YES expiration ZIP Code **77057** State City 5847 SAN FELIPE SUITE 4650 HOUSTON TX Title Director m m d d Term A MAJID MANGALJI PRESIDENT YES expiration City State ZIP Code 5847 SAN FELIPE SUITE 4650 77057 HOUSTON TX SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more. Texas SOS file number, if any Percentage of ownership Name of owned (subsidiary) corporation or limited liability company State of formation Name of owned (subsidiary) corporation or limited liability company State of formation Texas SOS file number, if any Percentage of ownership SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company. Texas SOS file number, if any Percentage of ownership Name of owned (parent) corporation or limited liability company State of formation Registered agent and registered office currently on file. (see instructions if you need to make changes) Blacken circle if you need forms to change Agent: CAPITOL CORPORATE SERVICES, INC. the registered agent or registered office information City State 78701 Office: 800 BRAZOS, SUITE 400 **AUSTIN** TX The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company. Area code and phone number sign Title Date here! Cindy Chin 05-10-2013 Electronic (713) 782 - 9100 Texas Comptroller Official Use Only VE/DE PIR IND

05-102 1 Public (Rev.9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

Target 13196 Franchise	- 0	# 0100 March									
Taxpayer number	Repor	Ť.		You have to review,							
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HOUSTON State	TX		ZIP C	ode <b>77057</b>	Plus 4			0	11017	2100	
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SECTION B Enter the information required for each corp	oration or LL	C, if any	y, in wh	ich this e	ntity owr	ns an in	terest of	10 percer	nt or mo	re.	
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been mailed to each person named in this report who is an officer, dir	ector or manage	er and wh			mployed b			orporation	or limited	liability co	ompany.
sign here Cindy Chin	Tit		ectro	nic	Date (	05-10-	2013	7 0 2 7 222 3		phone n 32 - 91	test tests
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05-102 (February 1/30) (Rev.9-11/30)

To be filed by Corporations , Limited Liability Companies (LLC) and Financial Institutions

(Rev.9-11/30) This report MUST be signed and filed to satisfy franchise tax requirements
■ ₹code 13196 Franchise

Secretary of State   SSO   Secretary of State   SSC   Secretary   Secretary of State   SSC   Secretary   Secretary   State   SSC   State   SSC   Secretary   State   SSC   State   SSC   SS	<ul> <li>Taxpayer number</li> </ul>	er					e:	Rep	oort y	ear		You have	certai	n rights u	nder Cha	pter 5.	52 and	559, 0	Soverr	ment	Code,
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Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplemental price information as officers, directors, or managers change throughout the year.  SECTION A Name, title and mailing address of each officer, director or manager.  Name  Ittle  SECRETARY  STATE  SECRETARY	Principal place of b	usiness													$\dashv$						
MoEZ MANGALJI  SECRETARY  PYES  State  State  TX  ZIP Code  Trots  Trots  Trots  Toron  Mailing address  Sate  State  TX  ZIP Code  Trots  Trots  Trots  Trots  Trots  Term  m m d d y  Term  sepiration  State  ZIP Code  Director  VES  State  ZIP Code  State  SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.  Name of owned (subsidiary) corporation or limited liability company  State of formation  Texas SOS file number, if any Percentage of ownersh  SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.  Name of owned (subsidiary) corporation or limited liability company  State of formation  Texas SOS file number, if any Percentage of ownersh  SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.  Name of owned (parent) corporation or limited liability company  State of formation  Texas SOS file number, if any Percentage of ownersh  SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.  Name of owned (parent) corporation or limited liability company  State of formation  Texas SOS file number, if any Percentage of ownersh  SECTION C Enter the information in limited liability company  State of formation  Texas SOS file number, if any Percentage of ownersh  SECTION C Enter the information or limited liability company  State of formation  Texas SOS file number, if any Percentage of ownersh  SECTION C Enter the information in this entity or limited liability company  State of formation  Texas SOS file number, if any Percentage of ownersh  SECTION C Enter the information in this entity ownersh  SECTION C Enter the information in this	ENVERSE TO AVERA AVER	Rep rep offi	oort is co ort. The cers, dire	mplete re is no ectors,	ed. The orequ	ne inform irement inagers c	nation i or pro hange	is upda cedure throu	ated a for sughout	nnually upplem the ye	y as pa nentir ar.	art of the	franchi	se tax			30110	32644	6613		
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Mailing address  City  State  ZIP Code  SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.  Name of owned (subsidiary) corporation or limited liability company  State of formation  Texas SOS file number, if any Percentage of ownersh  Name of owned (subsidiary) corporation or limited liability company  State of formation  Texas SOS file number, if any Percentage of ownersh  SECTION C  Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.  Name of owned (parent) corporation or limited liability company  State of formation  Texas SOS file number, if any Percentage of ownersh liability company.  Name of owned (parent) corporation or limited liability company  State of formation  Texas SOS file number, if any Percentage of ownersh liability company.  Blacken circle if you need forms to change the registered agent or registered office information of the registered agent or registered office information of security on file. (see instructions if you need to make changes)  Blacken circle if you need forms to change the registered agent or registered office information of the registered agent or registered office information for Sections A, B, and C, if necessary. The information will be available for public inspection.  The above information is required by Section 171,203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.  Texas Comptroller Official Use Only  Texas Comptroller Official Use Only  VE/DE  PIR IND	Mailing address						Ci	ity							State			Z	IP Cor	de	
Mailing address  Gity  State  ZIP Code  SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.  Name of owned (subsidiary) corporation or limited liability company  State of formation  Texas SOS file number, if any Percentage of ownersh state of formation  Texas SOS file number, if any Percentage of ownersh state of formation  Texas SOS file number, if any Percentage of ownersh state of formation  Texas SOS file number, if any Percentage of ownersh state of formation  SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.  Name of owned (parent) corporation or limited liability company  State of formation  Texas SOS file number, if any Percentage of ownersh state of formation  Texas SOS file number, if any Percentage of ownersh state of formation  Texas SOS file number, if any Percentage of ownersh state of formation  Texas SOS file number, if any Percentage of ownersh state of formation  Texas SOS file number, if any Percentage of ownersh state of formation  Texas SOS file number, if any Percentage of ownersh state of formation  Texas SOS file number, if any Percentage of ownersh state of formation in this entity or limited liability company  Texas SOS file number, if any Percentage of ownersh state of formation in this entity or limited liability of limited lia	Name						Ti	tle					Dire		Term		m	m	d	d	у .
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SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.  Name of owned (parent) corporation or limited liability company  State of formation  Texas SOS file number, if any Percentage of ownersh Per	Name of owned (s	ubsidiary) co	orporatio	n or lir	mited	liability (	compa	iny	S	tate of	form	ation		Texas SC	OS file nu	ımber,	if any	Perce	ntage	ofow	nersh
liability company.  Name of owned (parent) corporation or limited liability company  State of formation  Texas SOS file number, if any Percentage of ownersh Registered agent and registered office currently on file. (see instructions if you need to make changes)  Agent: CAPITOL CORPORATE SERVICES, INC.  State TX  State TX  ZIP Code 78701  The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.  I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company have a related to the company of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company have a related to the company of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company have a related to the company of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for sections A, B, and C, if necessary. The information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or ma	Name of owned (s	ubsidiary) co	orporatio	on or lin	mited	liability o	compa	iny	S	tate of	form	ation		Texas SC	OS file nu	ımber,	if any	Perce	ntage	ofow	/nersh
Registered agent and registered office currently on file. (see instructions if you need to make changes)  Agent: CAPITOL CORPORATE SERVICES, INC.  Office: 800 BRAZOS, SUITE 400  City  AUSTIN  State  TX  ZIP Code 78701  The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.  I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company sign  Title  Electronic  Date  Area code and phone number  Texas Comptroller Official Use Only  VE/DE  PIR IND  OFFICIAL PRIND  OFFICIAL				equire	d for	each coi	rporat	ion or	LLC, i	if any, t	that c	owns an i	nteres	of 10 pe	ercent o	r mor	e in th	s ent	ity or	limite	d
Agent: CAPITOL CORPORATE SERVICES, INC.  Office: 800 BRAZOS, SUITE 400  The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.  I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company in the company of t	Name of owned (p	arent) corpo	oration o	r limite	ed liab	ility com	npany		5	state of	form	ation		Texas SC	OS file nu	ımber	if any	Perce	ntage	ofow	nersh
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for Sections A, B, and C, if necessary. The information will be available for public inspection.  I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company sign.  Title  Date  Area code and phone number than the information of the company of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company or a related, corporation or limited	Office: 800 BR	AZOS, S	UITE	400							City		AUS	TIN		Sta	te T)	(	ZIP	Code <b>787</b>	01
been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company sign.  Title  Electronic  Date  05-10-2013  Area code and phone numbe (713) 782 - 9100  Texas Comptroller Official Use Only  VE/DE  PIR IND											rited li	ability com	pany th	at files a Te	xas Franc	hise Ta	x Repor	t. Use	additic	onal she	eets
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#### **Texas Franchise Tax Public Information Report**

(Rev.9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements ■ Ycode 13196 Franchise

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05-102 (Rev.9-11/30)  $To \ be \ filed \ by \ Corporations \ , Limited \ Liability \ Companies \ (LLC) \ and \ Financial \ Institutions$ 

Rev.9-11/30) This report MUST be signed and filed to satisfy franchise tax requirements

■ Teode 13196 Franchise  ■ Taxpayer number	■ Repo	rt vear	V t		d - Ch 553	1550 6
3 0 1 1 3 2 6 4 4 6 6	2	0 1				l 559, Government Code, ave on file about you.
Taxpayer name	2	0 1	Contact us	at (800) 252-1381	or (512) 463-4600.	
WESTMONT HOSPITALITY G	ROUP, INC.				le	
Mailing address 5847 SAN FELIPE ST STE 465	0				Secretary of S Comptroller fi	tate (SOS) file number or ile number
City HOUSTON State	TX		ZIP Code 77057	Plus 4	0	110172100
Blacken circle if there are currently no changes from pre	vious year; if no i	nformat	ion is displayed, co	mplete the applica	ble information in Se	ections A, B and C.
Principal office 5847 SAN FELIPE ST STE 465	0, HOUSTO	N, TX	77057		]	
Principal place of business 5847 SAN FELIPE STE STE 46	50, HOUST	ON, T	X 77057			
Officer, director and manager in Report is completed. The information of the information	nation is update or procedure for change through	ed annu- or suppl nout the	ally as part of the s ementing the info year.	franchise tax	3011	326446614
Name	Title		M.	Director	m	m d d y y
MOEZ MANGALJI		SECR	ETARY	YES	Term expiration	
Mailing address 5847 SAN FELIPE SUITE 4650	City		HOUSTON		State TX	ZIP Code 77057
Name	Title			Director	Torm m	m d d y y
A MAJID MANGALJI		TREA	SURER	● YES	Term expiration	
Mailing address 5847 SAN FELIPE SUITE 4650	City		HOUSTON		State TX	ZIP Code <b>77057</b>
Name	Title			Director	m	m d d y y
A MAJID MANGALJI		DIRE	CTOR	● YES	Term expiration	
Mailing address 5847 SAN FELIPE SUITE 4650	City		HOUSTON		State TX	ZIP Code 77057
SECTION B Enter the information required for each co	rporation or L	LC, if an	y, in which this e	ntity owns an in	terest of 10 percer	nt or more.
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SECTION C Enter the information required for each co-	rporation or L	LC, if an	y, that owns an i	nterest of 10 pe	rcent or more in th	is entity or limited
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Registered agent and registered office currently on file. (se Agent: CAPITOL CORPORATE SERVICES,	e instructions if	you need	l to make changes		n circle if you need i	forms to change gistered office information.
Office: 800 BRAZOS, SUITE 400			City	AUSTIN	State T	X ZIP Code 78701
The above information is required by Section 171.203 of the Tax Co for Sections A, B, and C, if necessary. The information will be available			limited liability com	pany that files a Tex	as Franchise Tax Repo	ert. Use additional sheets
I declare that the information in this document and any attachmen been mailed to each person named in this report who is an officer,	ts is true and corr	ect to the				
sign here Cindy Chin		itle	lectronic	Date <b>05-08</b> -	Area	code and phone number
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15-102 15 Police Account (Rev.9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

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S847 SAN FELIPE ST STE 4650, HOUSTON, TX 77057  Principal place of Disness  5847 SAN FELIPE STE STE 4650, HOUSTON, TX 77057  Please sign Veloco  Report is completed. The information is reported as of the date a Public information as officer, directors and manager information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.  SECTION A Name, title and mailing address of each officer, director or manager.  SECTION A Name, title and mailing address of each officer, director or manager.  SO 11326446914  Name  MOEZ MANGALJI  DIRECTOR  DIRECTOR  DIRECTOR  DIRECTOR  DIRECTOR  DIRECTOR  Term m m d d y Term copination  Term m m d d y Term m m d d y Term m m	Blac	cken c	ircle if	there are	current	ly no c	hange	s from p	revious	year; if r	no info	rmatio	on is di	ispla	ayed, co	mplete	the app	olicable	inform	ation i	n Sectio	ns A, I	3 and C		
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16 Public (Rev.9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

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#### **Texas Franchise Tax Public Information Report**

05-102 16 Public (Rev.9-11/30) To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

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05-102 15 Public Acceptance (Rev.9-11/30)

To be filed by Corporations , Limited Liability Companies (LLC) and Financial Institutions

(Rev. 9-11/30) This report MUST be signed and filed to satisfy franchise tax requirements

■ scope 13190 Flanchise								
■ Taxpayer number	Report	t year	You have	certain rial	<b>hts</b> under Chapte	r 552 and 559	. Governmen	t Code.
3 0 1 1 3 2 6 4 4 6 6	2 0	1 1 5	to review,	request, and	l correct informat	ion we have d		
Taxpayer name	1277		Contact us	s at (800) 25.	2-1381or (512) 46	3-4600.		
WESTMONT HOSPITALITY GRO	UP, INC.				18		70.00.00	
Mailing address 5847 SAN FELIPE ST STE 4650					5000000	etary of State ptroller file n		mber or
City HOUSTON State	TX	Z	IP Code <b>77057</b>	Plus 4		0110	172100	
Blacken circle if there are currently no changes from previou	ıs year; if no in	formation i	s displayed, co	mplete the a	applicable informa	ation in Sectio	ns A, B and C	W
Principal office 5847 SAN FELIPE ST STE 4650,	HOUSTO	V TX 77	7057					
Principal place of business 5847 SAN FELIPE ST STE 4650,								
Officer disease and assess in fac-				blic Informa	tion			
Please sign below/ Report is completed. The informati report. There is no requirement or	on is updated	annually	as part of the t	franchise ta:	×			
officers, directors, or managers char	nge througho	out the yea	r.	ATTIGUOTI 43		E&1 11388 3111 & 5181 & 81		
SECTION A Name, title and mailing address of each office		manager				3011326	146615	
Name	Title		name r	Director	Term	m m	d d	у у
MOEZ MANGALI	١ ٧	ICE PR	RESI	YES	S expiration	n n		
Mailing address 5847 SAN FELIPE SUITE 4650	City	н	DUSTON		State	X	ZIP Code 770:	57
Name	Title			Director		m m	d d	у у
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Mailing address 5847 SAN FELIPE SUITE 4650	City	н	DUSTON		State	X	ZIP Code <b>770</b> !	57
Name	Title	133	J0310IV	Director		m m	d d	y y
MOEZ MANGALJI	1	DIRECT	OR	● YE	S Term expiration	n		
Mailing address 5847 SAN FELIPE SUITE 4650	City	Н	DUSTON		State	-X	ZIP Code 770	57
SECTION B Enter the information required for each corpo	ration or LLC	C, if any, in	which this e	ntity owns	an interest of 10	0 percent o	more.	
Name of owned (subsidiary) corporation or limited liability con	npany	State of f	ormation	Texa	as SOS file numb	er, if any Per	centage of o	wnership
Name of owned (subsidiary) corporation or limited liability com	npany	State of f	ormation	Texa	as SOS file numb	er, if any Per	centage of o	wnership
SECTION C Enter the information required for each corpo	ration or LLC	if any th	nat owns an ir	nterest of 1	A parcent or m	ore in this o	atity or limit	ad
liability company.	nacion of LEC	a, ii arry, ti	iat Owns all li	interest of 1	o percent of in	ore in this ei	icicy or initia	eu
Name of owned (parent) corporation or limited liability compa	ny	State of f	ormation	Texa	as SOS file numb	er, if any Per	centage of o	wnership
Registered agent and registered office currently on file. (see in.		ou need to	make changes,	) O BI	lacken circle if yo	ou need form	s to change	
Agent: CAPITOL CORPORATE SERVICES, IN	C.			O th	ne registered age	120		
Office: 800 BRAZOS, SUITE 400			City	AUSTIN	ĺ	State TX	ZIP Code 78	701
The above information is required by Section 171.203 of the Tax Code for for Sections A, B, and C, if necessary. The information will be available for	or each corpora or public inspec	ition or limit tion.	ed liability com	pany that file	s a Texas Franchise	Tax Report. U	se additional sl	heets
l declare that the information in this document and any attachments is been mailed to each person named in this report who is an officer, dire	true and correc	t to the bes	t of my knowled	dge and belief	f, as of the date bel his, or a related, co	ow, and that a	copy of this re	port has company.
	Titl	le	Web 2001	Date		Area code	and phone	number
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Conguester 05-102 of Public Accounts PCRM (Rev.9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements ■ Ycode 13196 Franchise

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Constitute 05-102
(A Paper Accounts Press)
(Rev.9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

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Compressor 05-102 of Public Acceptance (Rev.9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

■ 1code 13196 Franchise											
Taxpayer number	Report	year					nder Chapter . ect informatio				
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SECTION A Name, title and mailing address of each officer, Name	director or i	manag	jer.		I Direc	tor	F	3011326 m m	446615 d d	у	у
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I declare that the information in this document and any attachments is tr been mailed to each person named in this report who is an officer, direct											
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#### **Texas Franchise Tax Public Information Report**

05-102 3 Public Accorder FCRM (Rev.9-11/30)

To be filed by Corporations , Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements ■ Ycode 13196 Franchise

l axpayer number	■ Report	year	You have	certain rig	<b>hts</b> under Cl	napter 552 d	and 559,	Governm	ent Cod	de,
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Taxpayer name WESTMONT HOSPITALITY GROU	JP, INC.									
Mailing address 5847 SAN FELIPE ST STE 4600						Secretary of Comptrolle			numbe	ror
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Agent: CAPITOL CORPORATE SERVICES, INC					he registere	d agent or	registere	ed office i	nform	
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The above information is required by Section 171.203 of the Tax Code fo for Sections A, B, and C, if necessary. The information will be available for			ted liability comp	oany that fil	es a Texas Fra	nchise Tax R	eport. Use	additiona	l sheets	S.
I declare that the information in this document and any attachments is t been mailed to each person named in this report who is an officer, direc										
sign here Cindy Chin	Titl		tronic	Date	5-10-201			782 - 1		
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#### **Texas Franchise Tax Public Information Report**

Comproller 05-102 To be filed by Corporations , Limited Liability Companies (LLC) and Financial Institutions
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(Rev.9-11/30)
This report MUST be signed and filed to satisfy franchise tax requirements
FORM
Toda 13106 Franchise ■ Tcode 13196 Franchise

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#### **Texas Franchise Tax Public Information Report**

05-102 Comptroller of Public

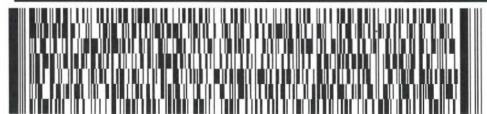
To be filed by Corporations , Limited Liability Companies (LLC) and Financial Institutions (Rev.9-11/30) This report MUST be signed and filed to satisfy franchise tax requirements ■ Tcode 13196 Franchise Taxpayer number Report year You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. 6 6 3 0 1 3 2 4 4 2 0 1 8 6 Contact us at (800) 252-1381or (512) 463-4600. Taxpayer name WESTMONT HOSPITALITY GROUP, INC. Mailing address Secretary of State (SOS) file number or 5847 SAN FELIPE ST STE 4600 Comptroller file number City Plus 4 Code 77057 HOUSTON TX 0110172100 Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C. Principal office Principal place of business Officer, director and manager information is reported as of the date a Public Information Please sign below! Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year. . SECTION A Name, title and mailing address of each officer, director or manager. 3011326446618 Title Director d Term MAJID MANGALJI PRESIDENT YES expiration Mailing address 5847 SAN FELIPE ST STE 4600 ZIP Code City State HOUSTON TX 77057 Title Director m Term MOEZ MANGALJI DIRECTOR YES expiration ZIP Code **77057** Mailing address City State 5847 SAN FELIPE ST STE 4600 HOUSTON TX Title Director Term MOEZ MANGALJI VICE PRESI expiration ZIP Code **77057** Mailing address 5847 SAN FELIPE ST STE 4600 City State HOUSTON TX SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more. Name of owned (subsidiary) corporation or limited liability company State of formation Texas SOS file number, if any Percentage of ownership Name of owned (subsidiary) corporation or limited liability company State of formation Texas SOS file number, if any Percentage of ownership SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company Name of owned (parent) corporation or limited liability company State of formation exas SOS file number, if any Percentage of ownership Registered agent and registered office currently on file. (see instructions if you need to make changes) Blacken circle if you need forms to change Agent: CAPITOL CORPORATE SERVICES, INC. the registered agent or registered office information City state 78701 Office: 206 E. 9TH STREET, SUITE 1300 TX **AUSTIN** The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection. I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company. Title Area code and phone number sign Date here Cindy Chin 04-23-2018 713 ) 782 - 9100 Electronic Texas Comptroller Official Use Only VE/DE PIR IND

(Rev.9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions This report MUST be signed and filed to satisfy franchise tax requirements

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Mailing address 5847 SAN FELIPE ST STE 4600	City		HOUSTON		State TX	ZIP Code 770	57
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Office: 206 E. 9TH STREET, SUITE 1300			City	AUSTIN	State	TX ZIP Cod	701
The above information is required by Section 171.203 of the Tax of for Sections A, B, and C, if necessary. The information will be avail.			imited liability comp	pany that files a	Texas Franchise Tax Re	eport. Use additional s	heets
I declare that the information in this document and any attachme been mailed to each person named in this report who is an office	nts is true and corre	ct to the					
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nere Cindy Chin		EI	ectronic	04-2	23-2018 (	713) 782 - 91	100
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Ser 05-102 To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions of Public (Rev.9-11/30) This report MUST be signed and filed to satisfy franchise tax requirements ■ Tcode 13196 Franchise Taxpayer number ■ Report year You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. 6 3 0 1 3 2 6 4 4 6 2 0 1 9 Contact us at (800) 252-1381or (512) 463-4600. Taxpayer name WESTMONT HOSPITALITY GROUP, INC. Mailing address Secretary of State (SOS) file number or 5847 SAN FELIPE ST STE 4600 Comptroller file number City Plus 4 77057 TX HOUSTON 0110172100 Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C. Principal office Principal place of business Officer, director and manager information is reported as of the date a Public Information Please sign below! Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year. SECTION A Name, title and mailing address of each officer, director or manager. 3011326446619 Title Director d m Term YES MAJID MANGALJI DIRECTOR expiration ZIP Code **77057** Mailing address City State 5847 SAN FELIPE ST STE 4600 HOUSTON TX Title Director m m Term MAJID MANGALJI PRESIDENT ( ) YES expiration ZIP Code **77057** Mailing address 5847 SAN FELIPE ST STE 4600 State City HOUSTON TX Title Director d d m y Term MOEZ MANGALJI DIRECTOR YES expiration ZIP Code **77057** Mailing address City State 5847 SAN FELIPE ST STE 4600 TX HOUSTON SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more. Name of owned (subsidiary) corporation or limited liability company State of formation Texas SOS file number, if any Percentage of ownership Name of owned (subsidiary) corporation or limited liability company State of formation Texas SOS file number, if any Percentage of ownership SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company. Name of owned (parent) corporation or limited liability company State of formation Texas SOS file number, if any Percentage of ownership Registered agent and registered office currently on file. (see instructions if you need to make changes) Blacken circle if you need forms to change Agent: CAPITOL CORPORATE SERVICES, INC. the registered agent or registered office information state City 78701 Office: 206 E. 9TH STREET, SUITE 1300 AUSTIN TX The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection. I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company. Title Area code and phone number Date sign here Cindy Chin 05-14-2019 (713) 782 - 9100 Electronic Texas Comptroller Official Use Only



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Comptroller 05-102
of Public Accounts
FORM Today 122

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

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Comptroller 05-102 of Public Accounts (Rev.9-11/30) FORM ■ Tcode 13196 Franchise

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

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omptratter 05-102 of Public To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions (Rev.9-11/30) This report MUST be signed and filed to satisfy franchise tax requirements ■ Tcode 13196 Franchise ■ Taxpaver number ■ Report year You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. 6 6 2 2 2 6 4 4 0 0 3 0 3 Contact us at (800) 252-1381or (512) 463-4600. Taxpayer name WESTMONT HOSPITALITY GROUP, INC. Mailing address Secretary of State (SOS) file number or 5847 SAN FELIPE ST STE 4600 Comptroller file number City Plus 4 Code 77057 TX 0110172100 HOUSTON Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C. Principal office Principal place of business Officer, director and manager information is reported as of the date a Public Information Please sign below! Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year. SECTION A Name, title and mailing address of each officer, director or manager. 3011326446620 Title Director m d d У y Term MOEZ MANGALJI VICE PRESI ( ) YES expiration ZIP Code Mailing address City State 77057 5847 SAN FELIPE ST STE 4600 HOUSTON TX Title Director m y Term MOEZ MANGALJI SECRETARY ( ) YES expiration Mailing address City State ZIP Code 5847 SAN FELIPE ST STE 4600 HOUSTON TX 77057 Director Title Term MAJID MANGALJI DIRECTOR YES expiration ZIP Code **77057** Mailing address 5847 SAN FELIPE ST STE 4600 City HOUSTON TX SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more. Name of owned (subsidiary) corporation or limited liability company State of formation Texas SOS file number, if any Percentage of ownership Name of owned (subsidiary) corporation or limited liability company State of formation Texas SOS file number, if any Percentage of ownership SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company. Name of owned (parent) corporation or limited liability company State of formation exas SOS file number, if any Percentage of ownership Registered agent and registered office currently on file. (see instructions if you need to make changes) Blacken circle if you need forms to change Agent: CAPITOL CORPORATE SERVICES, INC. the registered agent or registered office information City state 78701 Office: 206 E. 9TH STREET, SUITE 1300 TX **AUSTIN** The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection. I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company. Title Area code and phone number

sign here?

Cindy Chin

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(713) 782 - 9100

Date

05-14-2020

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To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
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Comptroller 05-102 (Rev.9-11/30)

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Comptroller 05-102 of Public Accounts (Rev.9-11/30)

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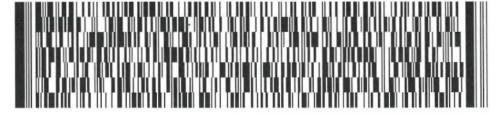
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